FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number:	3235-0076					
Expires:	May 31, 2002					
Estimated avera	Estimated average burden					
hours per respo						

SEC USE ONLY				
Prefix	Serial			
DAT	E RECEIVED			

Name of Offering (Convertible Promissory No			_		• /	lotes and Warrants,	ofEnpirion, Inc.
Filing Under (Check box) Type of Filing: New		e 504 🗆 Rule 505	☑ Rule 506	□ Sect	ion 4(6) ULOE	PR	OCESCE
		A. BASIC IDEN	TIFICATION	DATA			D 2 4 2002
1. Enter the information	requested about the issuer			_		5t	 2 7 2002
Name of Issuer (□chec Enpirion, Inc.	k if this is an amendment	and name has change	ed, and indicate	e change.))	Î	HOMSON
Address of Executive Off 48 Shaffer Road, Bridge		· ·	t, City, State, Z	Cip Code)	Telephone Number (908) 468-5033	(Including Area C	ode)
Address of Principal Busi (if different from Executi	•	(Number and Street	t, City, State, Z	(ip Code	Telephone Number	(Including Area C	10 C 10 C
Brief Description of Busi The i	ness ssuer is a semiconductor	company which foo	cuses on devel	oping nev	w semiconductor ch	131	2002
Type of Business Organiz	ation					1302	
corporationbusiness trust	☐ limited partnershi☐ limited partnershi	p, already formed p, to be formed	other (please spe	ecify):		35 / 87
Actual or Estimated Date Jurisdiction of Incorporat		Month nization: 1 0 (Enter two-letter U. CN for Canada; FN		ice abbrev		Estimated [D E

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- · Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	×	Promoter	X	Beneficial Owner	×	Executive Officer	×	Director	General Partner and/or Managing Partner
Full Name (Last name first, if individual) Lotfi, Ashraf									
Business or Residence Address (Number and Street, City State, Zip Code) 48 Shaffer Road, Bridgewater, New Jersey 08807									
Check Box(es) that Apply:	×	Promoter		Beneficial Owner	×	Executive Officer		Director	General Partner and/or Managing Partner
Full Name (Last name first, i Troutman, William	if inc	lividual)	-						
Business or Residence Addre 14 Rockledge Road, Montv				eet, City State, Zip C 5	ode)				
Check Box(es) that Apply:	×	Promoter	×	Beneficial Owner	×	Executive Officer		Director	General Partner and/or Managing Partner
Full Name (Last name first, i Longo, Joseph		,							
Business or Residence Addre 4966 Marin Drive, Oceansi	de, (California 92	2056	eet, City State, Zip C	ode)				
Check Box(es) that Apply:			×	Beneficial Owner		Executive Officer		Director	General Partner and/or Managing Partner
Full Name (Last name first, i Liakopoulos, Trifon	f ind	•							
Business or Residence Address 310 Washington Blvd., Lon				eet, City State, Zip C 1561	ode)				
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	General Partner and/or Managing Partner
Full Name (Last name first, i Tan, Jian		<u> </u>							
Business or Residence Address 50 Huntley Way, Bridgewa				eet, City State, Zip C 7	ode)				
Check Box(es) that Apply:		Promoter	×	Beneficial Owner		Executive Officer		Director	General Partner and/or Managing Partner
Full Name (Last name first, i Filas, Robert		·							
Business or Residence Address (Number and Street, City State, Zip Code) 26 Blossom Drive, RD2 Basking Ridge, New Jersey 07920									
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director	General Partner and/or Managing Partner
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	,		111	B. IN	FORMAT	ION ABO	OUT OFF	ERING	315			
2 34 35 41 2		1 41 1		. 11 .	11.		1.1 .00	. 0		Yes	No	
1. Has the is	ssuer sold, c				nn 2, if filin			ring?	••••••		ਿ	
2. What is the	he minimun	n investmen	t that will be	e accepted i	from any ind	ividual?	•••••••	•••••	<u>9</u>	0		
3. Does the	offering pe	ermit joint o	wnership of	a single un	it?					Yes 🗷	No	
4 Enton th	- i=fi		1 f h	· 	as been or v	الداعب مما 111،	ئال سمانت سا		مائد مداد مسا			
commiss offering. with a st	sion or sim . If a persor tate or states	ilar remune to be listed s, list the nar	ration for so is an associa me of the br	olicitation of ated person oker or dea	of purchasers or agent of a ler. If more the information	s in connect broker or d than five (5	tion with s lealer registe) persons to	ales of secuered with the belisted as	rities in the SEC and/o	e r		
Full Name (I	Last name i	first, if indiv	vidual)							 .		
Business or l	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of Ass	sociated Br	oker or Dea	ıler									
States in Wh	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers			· · · · · · · · · · · · · · · · · · ·			
•			dividual Sta									. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT] 	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I	Last name f	irst, if indiv	vidual)									
Business or l	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of Ass	sociated Bro	oker or Dea	ller								•	
States in Wh	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pur	chasers						
			dividual Sta									. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I	Last name f	irst, if indiv	vidual)									
Business or I	Residence A	Address (No	umber and	Street, City	, State, Zip	Code)						
Name of Ass	ociated Bro	oker or Dea	ler					-				
States in Wh	ich Person	Listed Has	Solicited or	r Intends to	Solicit Pur	chasers						
(Check "A	All States"	or check ind	dividual Sta	ites)	•••••							. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>1,500,00*</u>	\$ <u>1,500,000*</u>
	☑ Common ☑ Preferred		
	Convertible Securities (including warrants) (Convertible Notes and Warrants)	\$ <u>1,500,000</u>	\$ <u>1,500,000</u>
	Partnership Interests	\$	\$
	Other (Specify:)	\$	\$
	Total	\$ 1,500,000	\$ 1,500,000
	1000		
	Answer also in Appendix, Column 3, if filing under ULOE.		
	Represents value of Series A Preferred Shares issuable upon conversion of Notes and Common Stock ssuable upon conversion of Warrants and Series A Preferred		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	3	\$ <u>1,500,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of offering Not Applicable	Type of Security	Dollar Amount Sold
	Rule 505	Security	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees.		\$ 100,000
			\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) Total E		\$ 100,000
	A V		

	R OF INVESTORS, EXPENSES AN	ND USE OF PROC	EEEDS
b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C - C proceeds to the issuer."	Question 4.a. This difference is the "adjusted	gross	\$1,400,000
5. Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part C	y purpose is not known, furnish an estimat the payments listed must equal the adjusted	e and	
Salaries and fees		Payments to Officers, Directors, & Affiliates \$\infty\$ \$600,000	Payments To Others □ \$
Purchase of real estate			
Purchase, rental or leasing and installation of			
Construction or leasing of plant buildings and			
Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	value of securities involved in this assets or securities of another issuer	□ \$	
Repayment of indebtedness		□ \$	_ 🗆 \$
Working capital		□ \$	S \$ _500,000
Other (specify):		□ \$	□ \$
Column Totals		■ \$ 900,000	■ \$ 500,000
Total Payments Listed (column totals added).			_
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furnisinformation furnished by the issuer to any non-accredited in	undersigned duly authorized person. If this to the U.S. Securities and Exchange Cor	s notice is filed under nmission, upon writte	
Issuer (Print or Type) ENPIRION, INC.	Signature ////	4	Date
En Inon, Inc.			September 6, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)		

ATTENTION

Chief Executive Officer

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Ashraf Lotfi